

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Novo Nordisk PAC

ADDRESS (number and street)

1155 F Street NW

Suite 1150

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00424838

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2011

through

08

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael Mawby

Signature of Treasurer

Electronically Filed by Michael Mawby

Date

09

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	21633.21
(b) Cash on Hand at Beginning of Reporting Period .....	23941.77	
(c) Total Receipts (from Line 19) .....	9940.00	72647.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	33881.77	94280.21
7. Total Disbursements (from Line 31) .....	2.92	60401.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	33878.85	33878.85
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Novo Nordisk PAC

Report Covering the Period:

From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	7925.00	39350.00
(ii) Unitemized .....	2015.00	33297.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9940.00	72647.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9940.00	72647.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9940.00	72647.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9940.00	72647.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	2.92	112.90	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2.92	112.90	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	60288.46	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2.92	60401.36	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2.92	60401.36	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9940.00	72647.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9940.00	72647.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2.92	112.90
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2.92	112.90

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Andrew R. Ajello

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Diabetes Sa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	1	1

Transaction ID: 20110804-1-11-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew R. Ajello

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Diabetes Sa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	1	1

Transaction ID: 20110818-1-14-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Vincent L. Ambrosine

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	1	1

Transaction ID: 20110804-2-11-7

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

70.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Vincent L. Ambrosine

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-2-14-7

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Edward D. Amrein

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Pipeline Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-3-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Edward D. Amrein

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Pipeline Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-3-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 84

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert K. Anderson

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Strategic Account Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-4-11-7

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Robert K. Anderson

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Strategic Account Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-4-14-7

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Frank Armenante

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Area Support Manager - Managed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-5-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Frank Armenante

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Area Support Manager - Managed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-5-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

James M. Austin

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-6-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

James M. Austin

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-6-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)

Chester M. Barszcz

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Account Executive - Institution

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-10-11-7

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Chester M. Barszcz

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Account Executive - Institution

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-10-14-7

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Kristen C. Beck

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Clinical Trial Lead

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-11-11-7

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

80.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Kristen C. Beck

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Clinical Trial Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-11-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Jeremy R. Berger

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Litigation Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-15-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Jeremy R. Berger

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Litigation Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-15-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)

Daye M. Bexley

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Strategic Account Executive

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-16-11-7

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Daye M. Bexley

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Strategic Account Executive

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-16-14-7

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Francis P. Bigley

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Chief Compliance Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-17-11-7

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional) .....

95.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Francis P. Bigley

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	1	1

Transaction ID: 20110818-17-14-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Terry P. Bloecher

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Executive Growth Hormone Therapy Manag

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	1	1

Transaction ID: 20110804-20-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Terry P. Bloecher

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Executive Growth Hormone Therapy Manag

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	1	1

Transaction ID: 20110818-20-14-7

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

95.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas H. Boyer

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-23-11-7

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas H. Boyer

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-23-14-7

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Diane C. Boynton

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II - Institution Acc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-24-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Diane C. Boynton

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II - Institution Acc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-24-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

William P. Breitenbach

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-25-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

William P. Breitenbach

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-25-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Stacey L. Brenna

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Managed Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	1	1

Transaction ID: 20110818-26-14-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Rachel E. Brock

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	1	1

Transaction ID: 20110804-28-11-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Rachel E. Brock

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	1	1

Transaction ID: 20110818-28-14-7

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

M. T. Brooks

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Changing Diabetes and Publi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	1

Transaction ID: 20110804-29-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

M. T. Brooks

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Changing Diabetes and Publi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	1

Transaction ID: 20110818-29-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Francis X. Brown

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Business Process Cha

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	1

Transaction ID: 20110804-30-11-7

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Francis X. Brown

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Business Process Cha

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-30-14-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Sue T. Brown

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Government Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-31-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Alan R. Bullock

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-32-14-7

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey L. Burt

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Managed Markets Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-34-11-7

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey L. Burt

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Managed Markets Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-34-14-7

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Erin L. Byrne

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Changing Diabetes and Public

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-35-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Erin L. Byrne

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Changing Diabetes and Public

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-35-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Anne P. Cannon

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Liaison I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-36-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Anne P. Cannon

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Liaison I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-36-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Scott P. Cassidy

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Information Technology Secur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-38-11-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Scott P. Cassidy

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Information Technology Secur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-38-14-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth P. Chambless

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Strategic Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-39-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Kenneth P. Chambless

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Strategic Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-39-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mary H. Cooper

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II - Retail Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-46-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mary H. Cooper

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II - Retail Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-46-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Henry W. Cortina

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Information Technolog

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	1

Transaction ID: 20110804-47-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Henry W. Cortina

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Information Technolog

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	1

Transaction ID: 20110818-47-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Traci R. Cravaack

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Regional Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	1

Transaction ID: 20110804-48-11-7

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Traci R. Cravaack

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Regional Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-48-14-7

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Stephanie L. Davis

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Health Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-52-11-7

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie L. Davis

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Health Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-52-14-7

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Basil Denno

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Diabetes Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-53-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Basil Denno

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Diabetes Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-53-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Kim B. Elston

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Regional Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-58-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Kim B. Elston

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Regional Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-58-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mary M. Enea

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-59-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mary M. Enea

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-59-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)

Bradley R. Etheridge

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Diabetes Educatio

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-60-11-7

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Bradley R. Etheridge

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Diabetes Educatio

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-60-14-7

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Joann A. Fawaz

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Growth Hormone Therapy Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-61-11-7

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Joann A. Fawaz

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Growth Hormone Therapy Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-61-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Frances Q. Feng

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Medical Liaison III

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-62-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Frances Q. Feng

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Medical Liaison III

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-62-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Travis S. Fisher

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Medical Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-64-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Travis S. Fisher

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Medical Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-64-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Philip F. Fornecker

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Strategic B

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-66-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Philip F. Fornecker

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Strategic B

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-66-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey A. Frazier

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Human Resou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-70-11-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey A. Frazier

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Human Resou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-70-14-7

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Seth C. Freund

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - IT Project Execution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-71-11-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Seth C. Freund

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - IT Project Execution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-71-14-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Bryan J. Gallagher

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Liaison III - Endocrino

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-73-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Bryan J. Gallagher

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Liaison III - Endocrino

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-73-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Robert D. Gawlikowski

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-74-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert D. Gawlikowski

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-74-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Paulette Geene

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Field Resource An

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-75-11-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Paulette Geene

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Field Resource An

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-75-14-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Karin B. Gillespie

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - National Changing Dia

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-76-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Karin B. Gillespie

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - National Changing Dia

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-76-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen W. Gilligan

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Endocrinology District Business Manage

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-77-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen W. Gilligan

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Endocrinology District Business Manage

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-77-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Joanne M. Golankiewicz

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Executive Director - Marketing Effecti

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-79-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Joanne M. Golankiewicz

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Executive Director - Marketing Effecti

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-79-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Reza Green

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Chief Intellectual Property/ Patent Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-80-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Reza Green

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Chief Intellectual Property/ Patent Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-80-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Leah M. Gregg

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Managed Markets Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-82-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Gary W. Grote

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Market Access - Biop

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-83-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Gary W. Grote

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Market Access - Biop

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-83-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Sharon J. Haggerty

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Managed Markets

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-84-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Sharon J. Haggerty

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Managed Markets

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-84-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Samantha D. Hall

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-85-11-7

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Samantha D. Hall

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-85-14-7

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Sandra L. Hall

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Brand/Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-86-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Sandra L. Hall

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Brand/Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-86-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Shari W. Hardy

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-87-11-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Shari W. Hardy

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-87-14-7

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

John W. Hart

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Institutional District Business Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-88-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

John W. Hart

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Institutional District Business Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-88-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Miguel A. Hechavarria

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-89-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Miguel A. Hechavarria

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-89-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Matthew J. Hill

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-90-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Matthew J. Hill

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-90-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Tanya L. Hill

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Hemophilia Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-91-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Tanya L. Hill

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Hemophilia Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-91-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Todd M. Hobbs

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Medical Affairs - Di

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-92-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Todd M. Hobbs

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Medical Affairs - Di

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-92-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Julia L. Hoff

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Government Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-94-11-7

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Julia L. Hoff

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Government Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-94-14-7

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Kevin J. Hopkins

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Health Systems District Business Manag

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-96-11-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin J. Hopkins

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Health Systems District Business Manag

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-96-14-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth G. Ingram

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Executive Director - Health Economic O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-99-11-7

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth G. Ingram

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Executive Director - Health Economic O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-99-14-7

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Farruq Z. Jafery

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Pricing/Contract Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-100-11-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Farruq Z. Jafery

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Pricing/Contract Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-100-14-7

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

J. P. Jones

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Diabetes Field Marke

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	1

Transaction ID: 20110804-102-11-7

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

J. P. Jones

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Diabetes Field Marke

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	1

Transaction ID: 20110818-102-14-7

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Doxie A. Jordan

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Diabetes Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	1

Transaction ID: 20110804-103-11-7

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Doxie A. Jordan

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Diabetes Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-103-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Ray J Kall

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

DIR - DIABETES SALES FORCE EXPANSION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-105-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Ray J Kall

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

DIR - DIABETES SALES FORCE EXPANSION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-105-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

James A. Kalmes

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Managed Markets Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-106-11-7

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

James A. Kalmes

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Managed Markets Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-106-14-7

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey M. Kawalek

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Compliance/ Quali

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-107-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey M. Kawalek

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Compliance/ Quali

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	1

Transaction ID: 20110818-107-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Stephanie L. Keithly

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II - Retail Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	1

Transaction ID: 20110804-108-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie L. Keithly

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II - Retail Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	1

Transaction ID: 20110818-108-14-7

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph F. Kelly

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Institutional Regional Business Direct

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-109-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph F. Kelly

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Institutional Regional Business Direct

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-109-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Donald A. Kempin

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II - Retail Accounts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-110-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Donald A. Kempin

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II - Retail Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-110-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Carol L. Krause

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Liaison I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-112-11-7

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Carol L. Krause

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Liaison I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-112-14-7

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Camille C. Lee

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Diabetes Br

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	1

Transaction ID: 20110804-113-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Camille C. Lee

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Diabetes Br

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	1

Transaction ID: 20110818-113-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Erin R. Mandato

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Compliance Audits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	1

Transaction ID: 20110804-117-11-7

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Erin R. Mandato

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Compliance Audits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-117-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Michael L. Mawby

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-120-11-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Michael L. Mawby

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-120-14-7

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeff S. Maxwell

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Institutional Regional Business Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-121-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Jeff S. Maxwell

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Institutional Regional Business Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-121-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen B. McGill

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-124-11-7

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen B. McGill

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-124-14-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher N. McGowen

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-126-11-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher N. McGowen

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-126-14-7

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph Miller

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Health Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-128-11-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Miller

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Health Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-128-14-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Shaun R. Morris

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-133-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Shaun R. Morris

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-133-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Alan C. Moses

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Global Chief

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-135-11-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Alan C. Moses

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Global Chief

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-135-14-7

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)

Elizabeth A. Moses

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Clinical Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-136-11-7

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth A. Moses

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Clinical Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-136-14-7

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Catherine A. Mullooly

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Medical Liaison I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-137-11-7

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Catherine A. Mullooly

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Medical Liaison I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-137-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen L. Mulrone

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Applications Develop

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-138-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kathleen L. Mulrone

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Applications Develop

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-138-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Wesley A. Nicolas

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Intellectual Property Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-139-11-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Wesley A. Nicolas

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Intellectual Property Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-139-14-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Sarah E. Nordstrom

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-140-11-7

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Sarah E. Nordstrom

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Manager - Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-140-14-7

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Edward A. Noschese

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-141-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Edward A. Noschese

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-141-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Shaylah E. Nunn

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Manager - Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-143-11-7

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Shaylah E. Nunn

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Manager - Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-143-14-7

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Curtis G. Oltmans

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-144-11-7

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Curtis G. Oltmans

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-144-14-7

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dylan M. Pensabene

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-146-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Dylan M. Pensabene

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-146-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Gretchen S. Peters

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-147-11-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Gretchen S. Peters

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-147-14-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Anne Phillips

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Clinical De

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-148-14-7

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 65 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph C. Piscitello

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Biopharmaceuticals Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-151-11-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph C. Piscitello

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Biopharmaceuticals Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-151-14-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher M. Porter

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Government Affairs -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-152-11-7

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Christopher M. Porter

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Government Affairs -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-152-14-7

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Robert J. Powers

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-154-11-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Robert J. Powers

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-154-14-7

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Patrick M. Quinn

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Trade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-157-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Patrick M. Quinn

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Trade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-157-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Erin J. Reily

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Brand Director - Norditropin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-158-11-7

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Erin J. Reily

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Brand Director - Norditropin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-158-14-7

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Linda S. Reyle

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Diabetes Educatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-160-11-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Linda S. Reyle

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Diabetes Educatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-160-14-7

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Laura L. Riedy

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior District Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-161-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Laura L. Riedy

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior District Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-161-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Madeleine L. Rodgers

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Medical Liaison I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-163-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Madeleine L. Rodgers

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Medical Liaison I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-163-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin Ryan

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-165-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin Ryan

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-165-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Joanne L. Sadowsky

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Contract Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-166-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Joanne L. Sadowsky

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Contract Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-166-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Mandy J. Schnelten

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-167-11-7

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Mandy J. Schnelten

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-167-14-7

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

C. Reed Scott

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Government Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-168-11-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

C. Reed Scott

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Government Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-168-14-7

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Rodney L. Scott

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II - Managed Care/ L

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	1

Transaction ID: 20110804-169-11-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Rodney L. Scott

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Account Executive II - Managed Care/ L

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	1

Transaction ID: 20110818-169-14-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Lauren E. Semeniuk

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Government Affairs

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	1

Transaction ID: 20110804-171-11-7

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional) .....

95.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Lauren E. Semeniuk

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Government Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-171-14-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

James Shehan

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Legal/Paten

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-172-11-7

Amount of Each Receipt this Period

190.00

**C.**

Full Name (Last, First, Middle Initial)

James Shehan

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Legal/Paten

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-172-14-7

Amount of Each Receipt this Period

190.00

**SUBTOTAL** of Receipts This Page (optional) .....

435.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeremy T. Shepler

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Brand Director - Value Up &

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-173-11-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Jeremy T. Shepler

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Brand Director - Value Up &

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-173-14-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Montgomery C. Smith

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Brand Director - Norditropin

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-174-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Montgomery C. Smith

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Brand Director - Norditropin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-174-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Jonathan W. Snow

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Business Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-175-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Jonathan W. Snow

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Business Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-175-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Douglas R. Speas

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Business Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-176-14-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth B. Tawil

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Biopharmaceuticals Sales Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-179-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth B. Tawil

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Biopharmaceuticals Sales Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-179-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert A. Toepfer

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-182-11-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Robert A. Toepfer

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-182-14-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Vargas

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Application Devel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-184-11-7

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Vargas

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Application Devel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-184-14-7

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dana G. Vaughns

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Endocrinology District Business Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-185-11-7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Dana G. Vaughns

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Endocrinology District Business Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-185-14-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Deena M. Ward

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Business Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-188-11-7

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Deena M. Ward

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Business Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-188-14-7

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Chung-Sing W. Weng

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Biostatistics

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-189-11-7

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Chung-Sing W. Weng

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Biostatistics

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	1

Transaction ID: 20110818-189-14-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Heather Lee I. Whipple

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Managed Markets

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	1

Transaction ID: 20110818-190-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Ellene S. Whitmore

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Biopharmaceuticals Sales Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	1

Transaction ID: 20110804-191-11-7

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Ellene S. Whitmore

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Biopharmaceuticals Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-191-14-7

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Rosemarie R. Wilk-Orescan

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Counsel Intellectual Propert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-192-11-7

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Rosemarie R. Wilk-Orescan

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Counsel Intellectual Propert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-192-14-7

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Edward L. Williams

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Biopharmaceutics

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-193-11-7

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Edward L. Williams

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Vice President - Biopharmaceutics

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-193-14-7

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Vincent A. Xanthos

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-194-11-7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Vincent A. Xanthos

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

District Business Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-194-14-7

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Bill S. Young

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Regional Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110804-196-11-7

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Bill S. Young

Mailing Address 100 College Rd W

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Regional Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110818-196-14-7

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

7925.00